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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	A01466
First Name of Inventor	Thomas Frederick Kauffman
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CURABLE COMPOSITION AND METHOD FOR THE PREPARATION OF A COLD SEAL ADHESIVE

(Title of the Invention)

the specification of which



is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventors or plant breeders rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label  OR Correspondence address below

21898

Rohm and Haas Company
Name Gary Greenblatt

Address 100 Independence Mall West

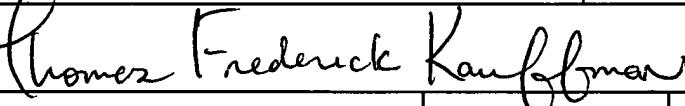
City Philadelphia	State PA	ZIP 19106
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Country USA	Telephone 215 641-7103	Fax 215 592-2682
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--------------------------------	---

Given Name Thomas Frederick (first and middle [if any])	Family Name Kauffman or Surname
--	------------------------------------

Inventor's Signature 	Date July 17, 2003
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Residence: City Harleysville	State PA	Country USA	Citizenship US
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142 Fairway Drive
Mailing Address

City Harleysville	State PA	ZIP 19438	Country USA
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NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--------------------------	---

Given Name David William (first and middle [if any])	Family Name Whitman or Surname
---	-----------------------------------

Inventor's Signature 	Date 7/18/03
--	--------------

Residence: City Harleysville	State PA	Country USA	Citizenship US
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369 Broad Street
Mailing Address

City Harleysville	State PA	ZIP 19438	Country USA
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Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
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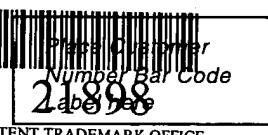
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Thomas Frederick Kauffman
Title	Curable Composition and Method...
Group Art Unit	
Examiner Name	
Attorney Docket Number	A01466

I hereby appoint:

- Practitioners at Customer Number
OR
 Practitioner(s) named below:

21898



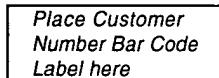
PATENT TRADEMARK OFFICE

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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 Practitioners at Customer Number



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Address			
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Country			
Telephone	Fax		

I am the:

- Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Thomas Frederick Kauffman
Signature	
Date	July 18, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/81 (02-01)

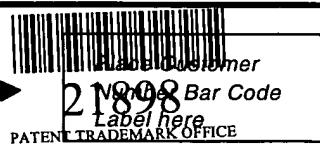
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

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Title	Curable Composition and Method...
Group Art Unit	
Examiner Name	
Attorney Docket Number	A01466

I hereby appoint:

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Name	Registration Number

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 Practitioners at Customer Number → Place Customer Number Bar Code Label here
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Address			
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I am the:

- Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	David William Whitman
Signature	
Date	7/18/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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